

Name
in
Full

Eliza Allston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond <small>Town</small>		Kent <small>County</small>		MARYLAND	
Date of death 1902	Dec <small>Month</small>	29 <small>Day</small>	93 <small>Years</small>	— <small>Months</small>	— <small>Days</small>
Sex female		Color or Race white		Birth-place Del	
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed widow		Name of Wife or Husband —			
Father's Name Evan Webster			Father's Birthplace U.S		
Mother's Maiden Name Annie Rhodes			Mother's Birthplace U.S		
Name of person giving information Sallie Clinton			How related to deceased Daughter		

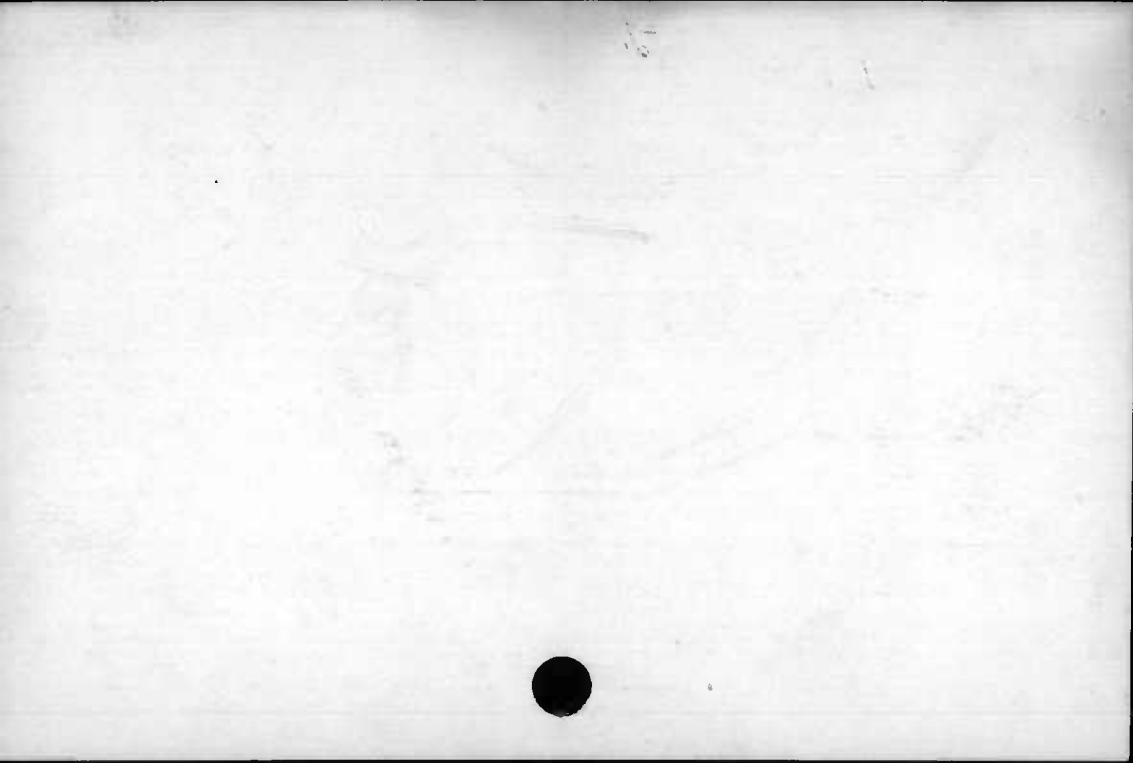
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart failure	How long 199
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician W.S. Maxwell
	Address Still Pond, Md.
Accident or Suicide?	

o dessa

Name in Full		Town		County		CERTIFICATE OF DEATH	
Mary Beck		Piney Neck		Kent - Co		MARYLAND	
Died at		Date of death		Age		Months Days	
		1903 Dec. 19		73 1/2		11 10	
Sex		Color or Race		Birth-place			
Female		White		Kent Co			
Occupation		Where Residing if not at place of death		Place of death			
House Keeper				Kent Co			
Married, Single or Widowed		Name of Wife or Husband					
Widow		Edward Beck					
Father's Name		Father's Birthplace					
Henry Webb		Kent Co.					
Mother's Maiden Name		Mother's Birthplace					
Mary Benton		Kent Co.					
Name of person giving information		How related to deceased					
James Higgins		Son-in-law					
CAUSES OF DEATH							
Primary		How long					
Heart disease		2 years					
Immediate		How long					
Exhaustion		One hour					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Walter O. Selby M.D.					
		Address					
		Rock Hall, Md.					
Accident or Suicide?							



Name in Full		TOWN				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Marietta</i>				<i>Kent</i>		MARYLAND		
		Date of death <i>1905</i>		Month <i>Dec</i>	Day <i>18</i>	Age <i>3</i>	Years	Months <i>11</i>	Days	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>				
		Occupation				Where Residing if not at place of death				
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband						
PHYSICIAN OR CORONER		Father's Name <i>L. B. Biggs</i>				Father's Birthplace <i>Kent Co Md</i>				
		Mother's Maiden Name <i>Mary Copper</i>				Mother's Birthplace <i>Kent Co Md</i>				
		Name of person giving information <i>L. B. Biggs</i>				How related to deceased <i>Father</i>				
		CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long				
		Immediate <i>Accident from fire</i>				How long				
		Are the name, age, sex, color, date and place correctly given above? <i>ye</i>				Signature of Physician <i>John H. Hoessey</i>				
						Address <i>Waxton Md</i>				
		Accident or Suicide?								

Union Cemetery

at Winton

Jno W Dodd

Name
in
Full

Henry Brown

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bettus

Kent

Date

1905

Month

Sept

Day

25

Age

Years

1

Months

11

Days

Sex

male

Color or
Race

Black

Birth-
place

md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joshua Brown

Father's
Birthplace

md

Mother's
Maiden Name

Ella Stewart

Mother's
Birthplace

md

Name of person giving
In formation

..

..

How related
to deceased

mother

CAUSES OF DEATH

Primary

marasmus

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

L. P. Atwell
Still Pond
md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Union Church

Name in Full		Certificate of Death			
Mary W. Brown		Kent County		Maryland	
Died at Still Pond		Kent			
Date of death 1905 Dec 21		Age 29		Months 2 Days —	
Sex female		Color or Race Black		Birth-place Md	
Occupation Housewife		Where Residing if not at place of death —			
Married, Single or Widowed married		Name of Wife or Husband George Brown			
Father's Name James Wilmer		Father's Birthplace Md			
Mother's Maiden Name Ellen Wright		Mother's Birthplace Md			
Name of person giving information Edward Wilmer		How related to deceased Brother			
CAUSES OF DEATH					
Primary Brights Disease		How long 120			
Immediate "		How long "			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician L. P. Atwell M.D.			
		Address Still Pond Md			
Accident or Suicide?					

Mountain Church

Name
in
Full

Stephen Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Galt Town Keokuk County MARYLAND

Date of death 1905 Month Dec Day 14th Age 70 Years Months Days

Sex Male Color or Race Colored Birth-place Keokuk Co.

Occupation Farmer Laborer Where Residing if not at place of death at home

Married, Single or Widowed Widower Name of Wife or Husband _____

Father's Name Wm Brown Father's Birthplace Keokuk Co.

Mother's Maiden Name Mary Gadder Mother's Birthplace Keokuk Co.

Name of person giving information George Martin How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart failure How long 2 hours

Immediate _____ How long _____

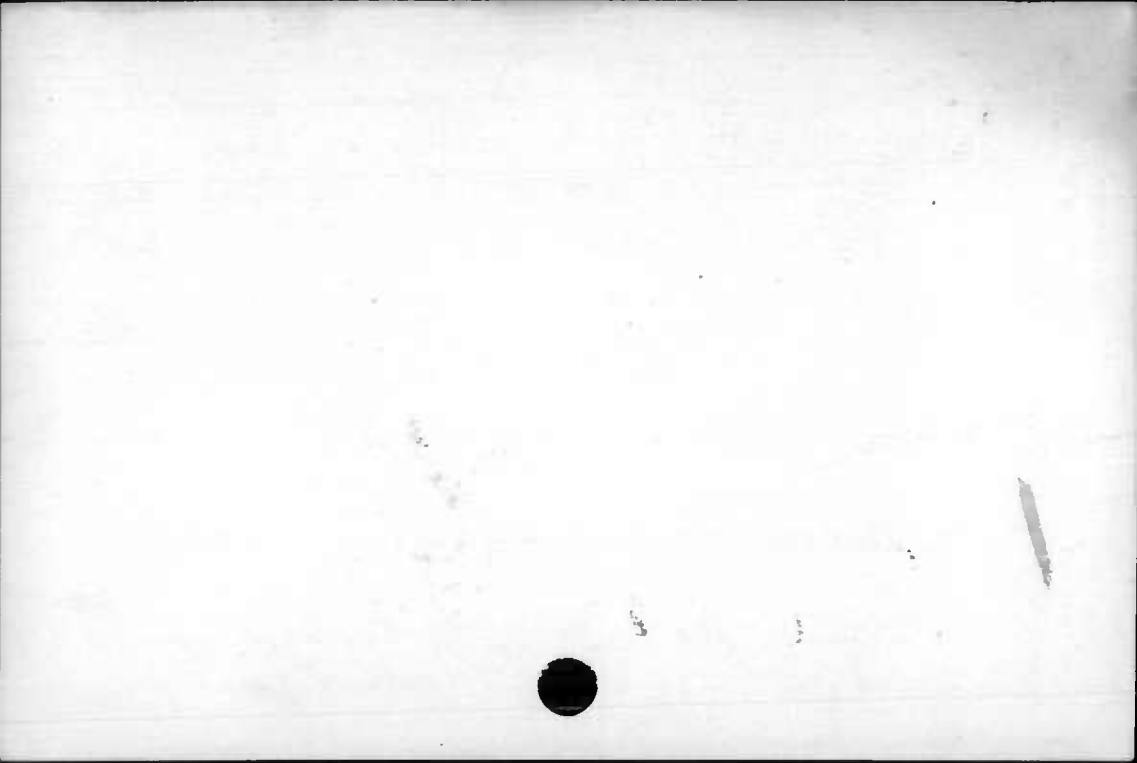
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

as coroner



Name
in
Full

William Alexander Brown

CERTIFICATE OF DEATH

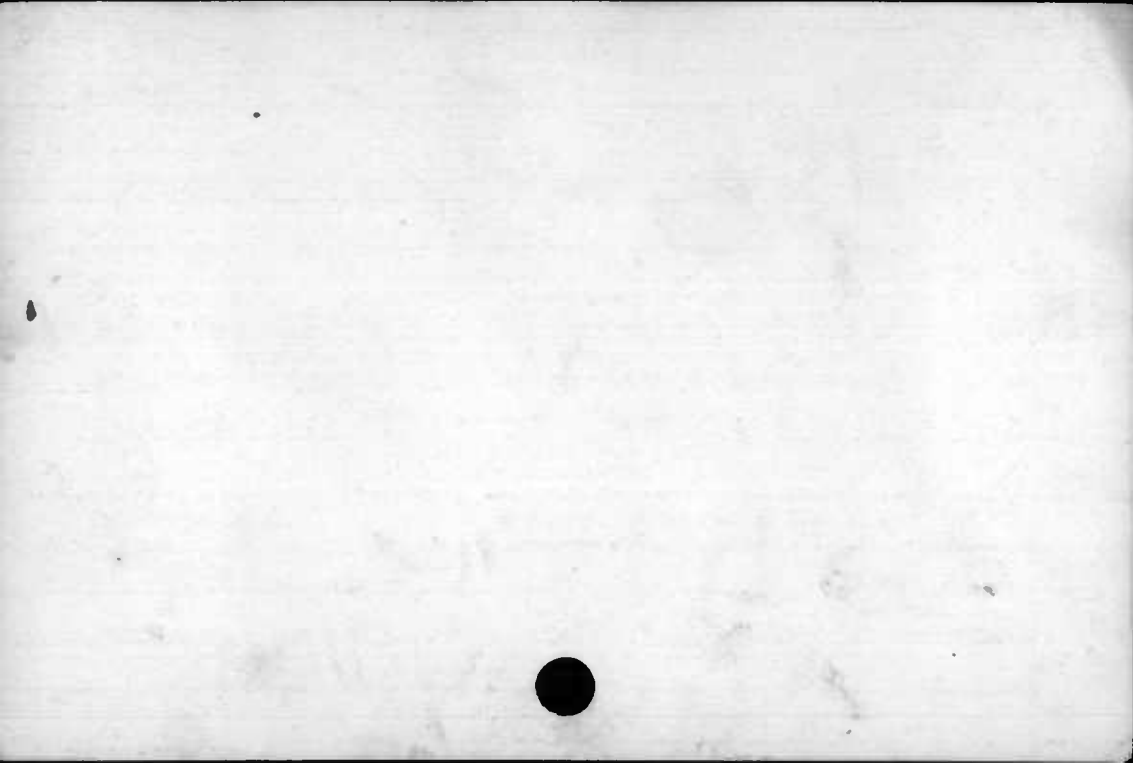
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Edesville</u> Town		County <u>Kent</u>		• MARYLAND								
Date of death	1905	Month	Dec.	Day	17	Age	Years	17	Months	11	Days	
Sex	Male		Color or Race	Black		Birth-place	Maryland					
Occupation						Where Residing if not at place of death						
Married, Single or Widowed			Name of Wife or Husband									
Father's Name			Lewin Brown				Father's Birthplace			Maryland		
Mother's Maiden Name			Matilda Smallwood				Mother's Birthplace			Maryland		
Name of person giving information			Father				How related to deceased			Father		

CAUSES OF DEATH

Primary	Catarrh Bronchitis		How long	1 month	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		E. B. Wallson
			Address		Edesville P.O.
					Kent Com.d.
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

Frank Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chestertown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>Dec</i>	^{Day} <i>25</i>	Age ^{Years} <i>52</i>	^{Months} <i></i> ^{Days} <i></i>
Sex	<i>Male</i>	Color or Race	<i>Col</i>	Birth-place	<i> Md</i>
Occupation	<i>Hostler</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Hannah Snowden</i>		
Father's Name	<i>Frank Carroll</i>			Father's Birthplace	<i> Md</i>
Mother's Maiden Name	<i>Belle Jane (?)</i>			Mother's Birthplace	<i> Md</i>
Name of person giving information	<i>Hannah Carroll</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>immediate</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. G. Simpers</i>
		Address	<i>Chestertown</i>
Accident or Suicide?	<i>No</i>		

264

Name in Full		Georgette Bevin Clark				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Still Pond		County		MARYLAND		
	Date of death		1905	Month	Dec	Day	16	Age	40
	Sex		female		Color or Race		White		
	Occupation		Housewife		Where Residing if not at place of death		—		
	Married, Single or Widowed		married		Name of Wife or Husband		Jas S. Clark		
	Father's Name		James Baker		Father's Birthplace		Md		
	Mother's Maiden Name		Rachel Bevin		Mother's Birthplace		Md		
Name of person giving information		Carnie C. Maxwell		How related to deceased		Sister			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Bright's disease		How long		2 years		
	Immediate		Bright's disease		How long		2 years		
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		W. S. Maxwell.		
					Address		Still Pond, Md.		
	Accident or Suicide?								

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millington</i> ^{Town}		<i>Kent</i> ^{County}			
Date of death <i>1905</i>	<i>June</i> ^{Month}	<i>20</i> ^{Day}	<i>19</i> ^{Years}	<i>4</i> ^{Months}	<i>19</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Millington</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Clarence Carnegie</i>			Father's Birthplace <i>Palbot Co Md</i>		
Mother's Maiden Name <i>Carrie A. Benson</i>			Mother's Birthplace <i>Millington Md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary <i>Heart failure</i>	How long <i>79</i>
Immediate <i>yes</i>	How long

Are the name, age, sex, color, date and place correctly given above?

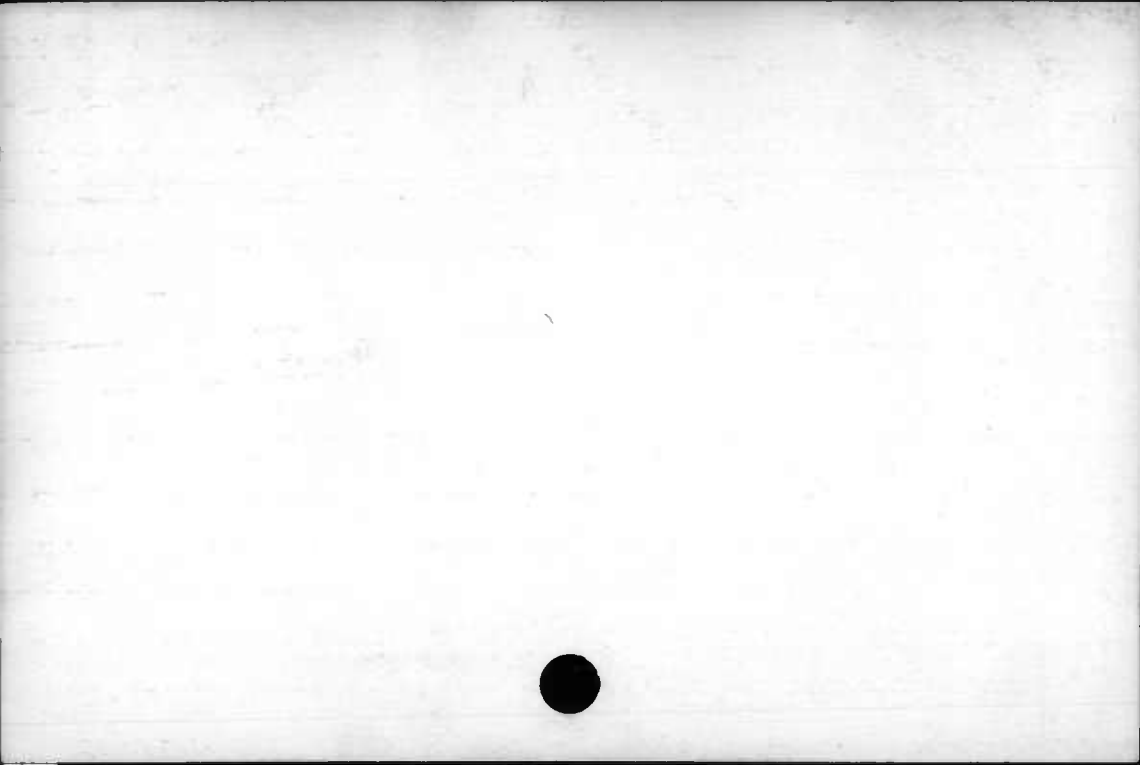
yes

Signature of Physician

Address

H Carnegie
Millington
Md.

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

Sarah Elizabeth Cooper
 Town *Berzelton* County *Kent*

MARYLAND

Died at

Date

of death

1905

Month

Dec.

Day

18

Years

74

Age

Months

8

Days

-

Sex

*Female*Color or
Race*African*Birth-
place*Kent Co Md*

Occupation

*Housemaid*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
Husband*Jacob Cooper Sr*Father's
NameFather's
Birthplace*Kent Co Md*Mother's
Maiden Name*Adeline Jones*Mother's
Birthplace*Kent Co Md*Name of person giving
Information*Leah Cooper*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Morbus Coxarius (S.B.)

How long

No physician

Immediate

Gangrene Septicemia

How long

*No physician*Are the name, age, sex, color, date
and place correctly given above?*YES*Signature of
Physician*Frank W. Smith*

Address

1100 Lee St

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Gorge from col
leumetry

John W. Dodd
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chartertown</i> <small>Town</small>		<i>Hunt</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Month</small>	<i>Dec</i> <small>Day</small>	<i>5</i> <small>Age</small>	<i>87</i> <small>Years</small>	<i>87</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Paresis -</i>	How long <i>4 days</i>
Immediate <i>Pulmonary Congestion + Edema</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. L. Dose</i>
	Address <i>Chartertown - Md</i>
Accident or Suicide?	

Chester Cemetery
John M. Dodd
Undertaker

Name
in
Full

Dealie B. Crossley

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lynch

Kent

Date

Month

Day

Years

Months

Days

of death

1905

Dec

27

Age

82

Sex

female

Color or
Race

white

Birth-
place

U. S.

Occupation

Postmistress

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
HusbandFather's
Name

Washington Wilson

Father's
Birthplace

U S

Mother's
Maiden Name

Elizabeth Wilson

Mother's
Birthplace

U S

Name of person giving
In formation

S. W. Crossley

How related
to deceased

son

CAUSES OF DEATH

Primary

Heart failure.

How long

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Wm. S. Maxwell.

Address

Still Pond, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Still Pond.

Name
in
Full

Harvey Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

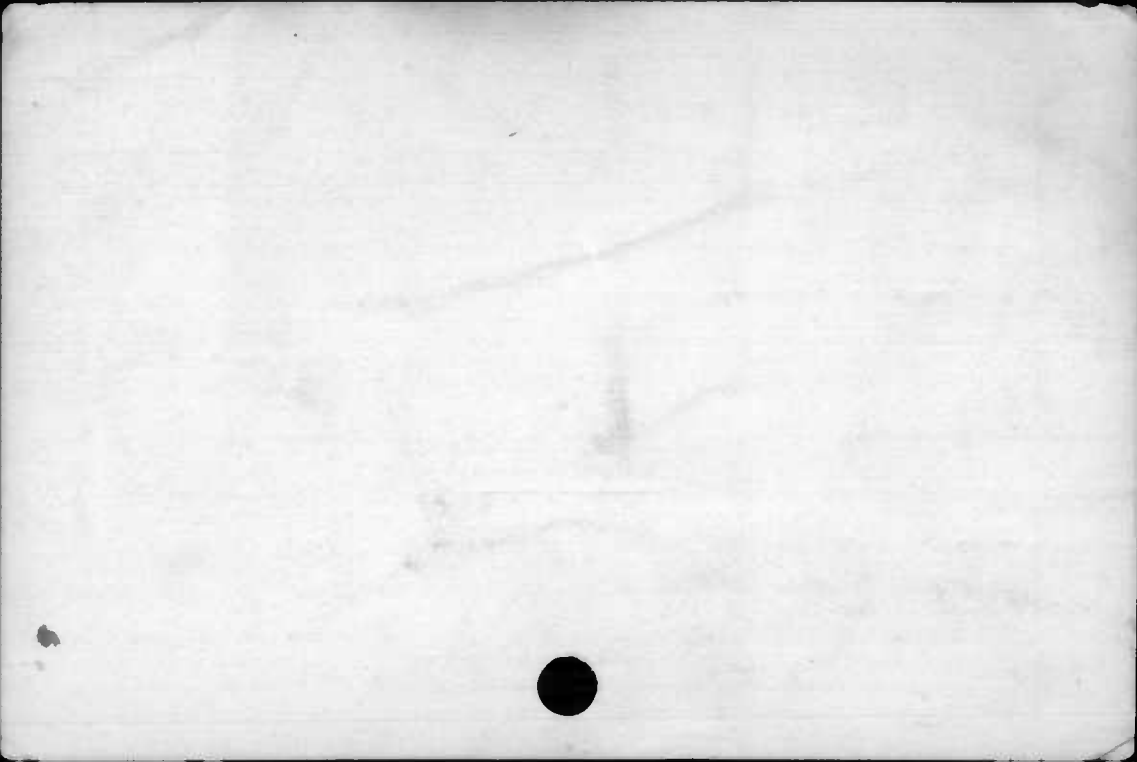
MARYLAND

Died at <i>Alms home.</i>		Town <i>Alms</i>		County <i>King</i>	
Date of death <i>1905</i>	Month <i>Dec.</i>	Day <i>25</i>	Age <i>30</i>	Years	Months
Sex <i>Male.</i>	Color or Race <i>Black.</i>		Birth-place <i>Dist King</i>		Days
Occupation <i>Hand.</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Dist King</i>				
Father's Name <i>Dist King.</i>	Father's Birthplace <i>Dist King</i>				
Mother's Maiden Name <i>Dist King.</i>	Mother's Birthplace <i>Dist King</i>				
Name of person giving information <i>Wm Ford</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Impar. Paralysis</i>	How long <i>2 yrs</i>
Immediate <i>Chastity</i>	How long <i>3 m</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Pheland</i>
	Address <i>Chertown Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George V. Hackett.

MARYLAND

Died at *Big woods* ^{Town}*Trust* ^{County}Date of death *1905* ^{Month} *Dec*Day *20*Age *2* ^{Years}

Months

Days *12*Sex *male*Color or
Race*Black*Birth-
place*Md.*

Occupation

*Laborer*Where Residing if not
at place of death*Big woods*Married, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*George Hackett*Father's
Birthplace*Trust Co Md*Mother's
Maiden Name*Victoria Turner*Mother's
Birthplace*Trust Co Md*Name of person giving
In formation*Samuel C Hackett*How related
to deceased*uncle*

CAUSES OF DEATH

Primary

Pulmonary Phthisis

How long

one year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*G. L. Darwich**Kennedyville
Md.*

Accident or Suicide?

Pontani Church

Name
in
Full

Frank. Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesford</i>		County <i>Kent</i>		MARYLAND	
Date of death	1905	Month	<i>Dec.</i>	Day	<i>11</i>
Age	<i>40.</i>	Years		Months	
Sex	<i>Male.</i>	Color or Race	<i>Black</i>	Birth-place	<i>Kent Co Md</i>
Occupation	<i>Farmhand.</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Julia Hopkins</i>			
Father's Name	<i>Wm. Kim</i>		Father's Birthplace <i>Wm. Kim.</i>		
Mother's Maiden Name	<i>Marg. Gains</i>		Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information	<i>—</i>		How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>10 yrs.</i>
Immediate	<i>Apoplexy</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yr.</i>	Signature of Physician	<i>B. W. Whelan M.D.</i>
		Address	<i>Chesford Md</i>
Accident or Suicide? <i>—</i>			

J. E. Ferguson
Chester town
Col Kentucky

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin Jones

Died at *Buttlesboro* ^{Town} *Kent* ^{County} **MARYLAND**

Date of death **190** *Dec 2* ^{Month} *26* ^{Day} *58* ^{Years} *Months* *Days*

Sex *Male* Color or Race *Colored* Birth-place *W. C.*

Occupation *Labr.* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lizzie Jones*


Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Wife* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Natural cause*  How long *Several hours*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Robt. Moffett Esq.*

Address

Accident or Suicide? *No*

Butterston
984

Name
in
Full

Lucas (M.M.)

CERTIFICATE OF DEATH

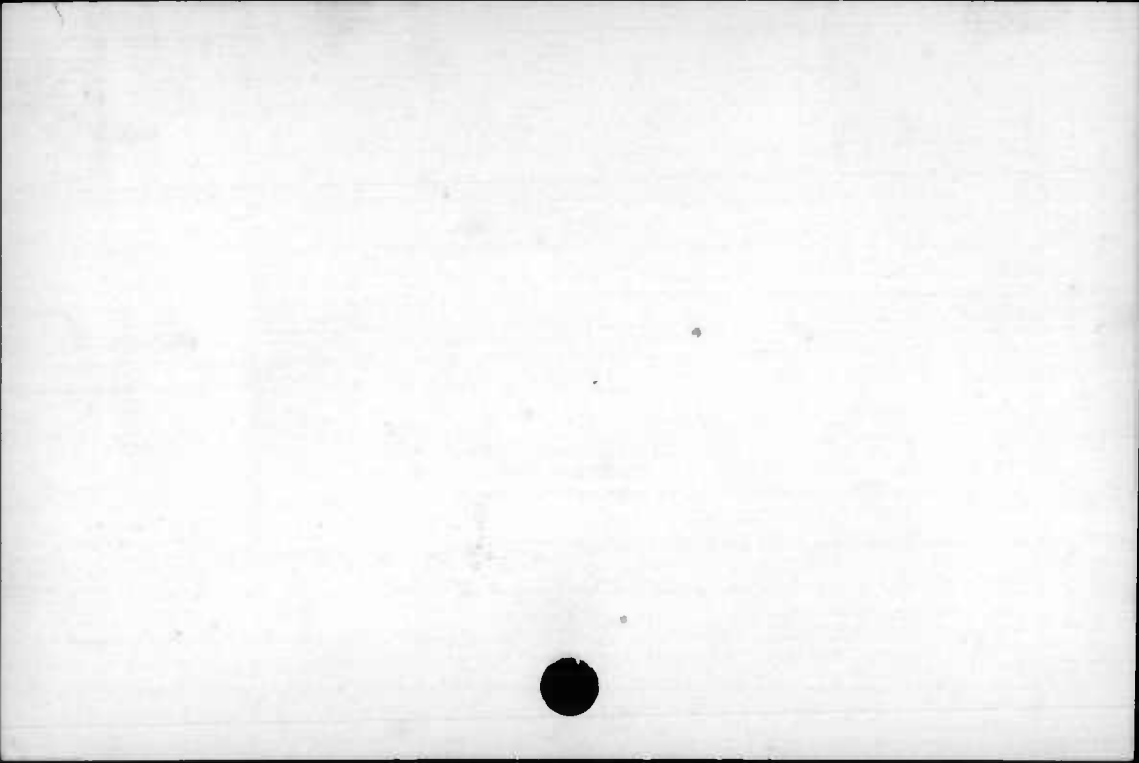
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chestertown</i>		^{County} <i>Kent co</i>		MARYLAND	
Date of death	<i>1908</i>	^{Month} <i>Dec</i>	^{Day} <i>1</i>	^{Years} <i>still born</i>	^{Months} <i></i> ^{Days} <i></i>
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>Chestertown</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Mr James H. Lucas</i>		
Mother's Maiden Name			<i>Mary Hourlock</i>		
Name of person giving information			<i>Father J. H. Lucas</i>		
Father's Birthplace			<i>Caroline co</i>		
Mother's Birthplace			<i>Kent co</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>S.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>L. W. Whalengel</i>	
Address		<i>Chestertown Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

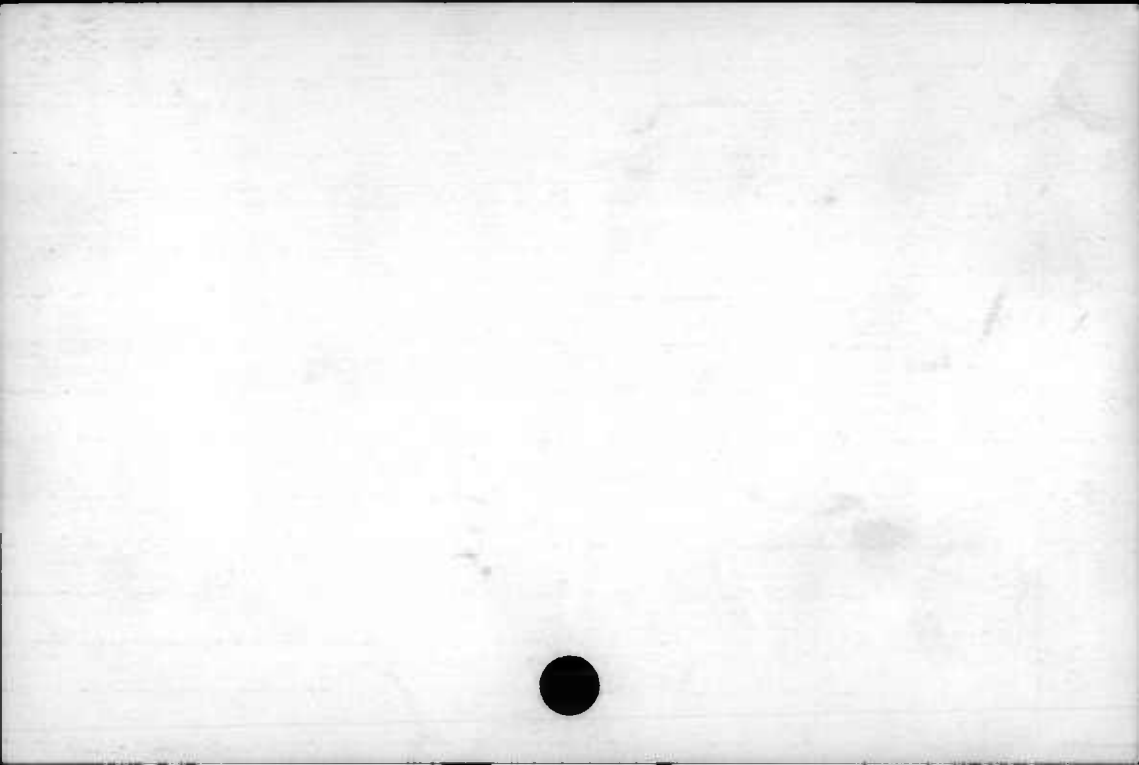
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Rock Hall</i> ^{Town}		<i>Kent Co.</i> ^{County}			
Date of death <i>1902</i>	<i>Dec.</i> ^{Month}	<i>24</i> ^{Day}	<i>27</i> ^{Years}	<i>7</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co</i>		
Occupation <i>Oysterman</i>	Where Residing if not at place of death <i>Rock Hall, Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James Mc Coskey</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Margaret Owens</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Frank Mc Coskey</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

Primary <i>Heart disease</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter O. Selby, M.D.</i>
	Address <i>Rock Hall, Kent Co. Md.</i>
Accident or Suicide?	



Name
in
Full

George C. Munch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winton</i>		Town		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec</i>	Day <i>21</i>	Age <i>18</i>	Months	Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>			
Occupation <i>Farm</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Chas H Munch</i>		Father's Birthplace <i>Kent Co Md</i>					
Mother's Maiden Name <i>Katie L. Grison</i>		Mother's Birthplace <i>Kent Co Md</i>					
Name of person giving information <i>Katie L. Munch</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accident</i>	How long
Immediate <i>Concussion of Brain</i>	How long <i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature Physician <i>J. H. Hessey</i>
	Address <i>Winton Md</i>
Accident or Suicide?	

Union Church.

Name in Full Lula Rodney		CERTIFICATE OF DEATH	
Died at Broad Neck <small>Town</small>		Kent <small>County</small>	
Date of death 1905 <small>Month</small> Dec <small>Day</small> 13		Age <small>Years</small> 1 <small>Months</small> 1 <small>Days</small>	
Sex Female <small>Color or Race</small> White		Birth-place Kent Co Md	
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed —		Name of Wife or Husband —	
Father's Name John W. Rodney		Father's Birthplace Kent Co Md	
Mother's Maiden Name Emma Walbert		Mother's Birthplace Kent Co Md	
Name of person giving information J W Rodney		How related to deceased Father	
CAUSES OF DEATH			
Primary not known		How long 179	
Immediate no dr in attendance		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Satterfield, SR	
Accident or Suicide?		Address Rock Hall Md	



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at Galena Town

Town

County Franklin

County:

MARYLAND

Date	Month
of death 1905	12

Month

Day

Age 60 Years

Years

Months

Days

Sex *Female*

Color or Race

colored

Birth-
place

5.6.

Occupation

housewife

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or Husband

Isaac Fickman

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information

husband

How related
to deceased

CAUSES OF DEATH

Primary

imari
apofileray

How long

Immediate

Paralysis

How long

six days

Are the name, age, sex, color, date and place correctly given above?

yes

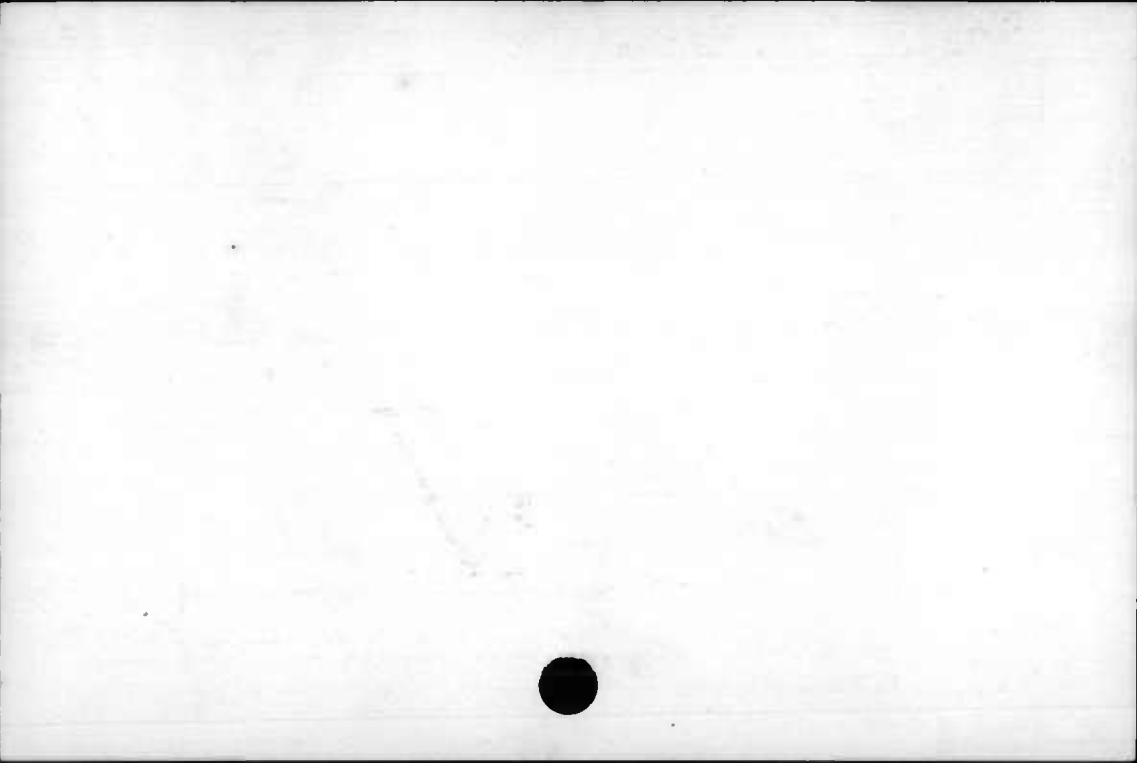
Signature of Physician

Address

J. Am. Lat. Amer.
Galena Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary M. Walley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>Dec</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>43</u> <small>Years</small>	<u>10</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of husband <u>John Walley</u>				
Father's Name <u>Perry Brown</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Sarah White</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Ellen Brown</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>10 days</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. S. Maxwell,</u>
	Address <u>Still Pond, Md.</u>
Accident or Suicide?	

Union Church

Name
in
Full

James Edward Warmley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Morgues*^{County} *7 Cent*Date of death *1905*Month *Dec*Day *28*

Age

Years *68*

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*Merchant*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
HusbandFather's
Name*Robt. Warmley*Father's
Birthplace*Ind*Mother's
Maiden Name*Hennetta Davis*Mother's
Birthplace*Ind*Name of person giving
information*Robt E Warmley*How related
to deceased*Son*

CAUSES OF DEATH

Primary

*Burned to death in
stone-room*

How long

Immediate

How long

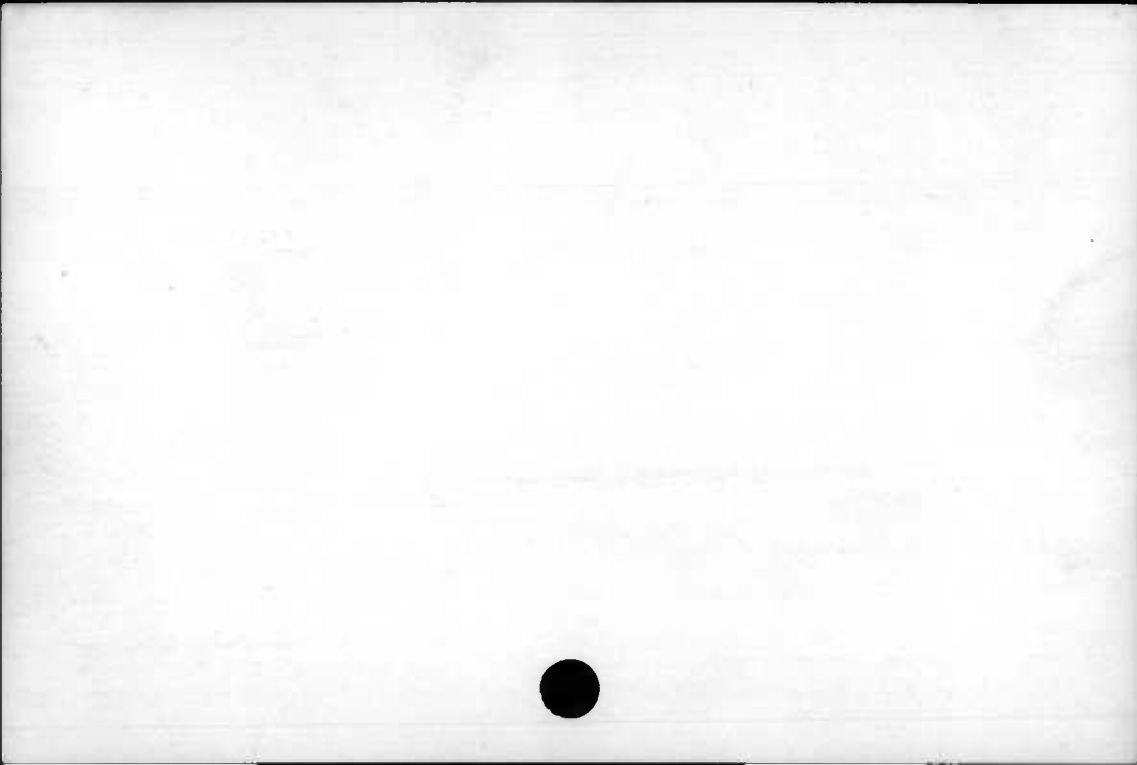
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. G. Simpson*

Address

Robt. Moffett Cor.

Accident or Suicide?

Accident (?)



Name
in
Full

Still Born Infant White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Still Pond</i>		Town <i>Still Pond</i>		County <i>Hunt</i>		MARYLAND	
Date of death	1905	Month	Dec	Day	1	Age	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex	Male		Color or Race	Black.		Birth-place	Ind
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	Thomas White				Father's Birthplace	Ind	
Mother's Maiden Name	Carrie Johnston				Mother's Birthplace	Ind.	
Name of person giving information	Thomas White				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still birth.</i>	How long	<i>S.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	<i>W. S. Maxwell</i>
		Address	<i>Still Pond, Md.</i>
Accident or Suicide?			

(Still Pond.)

Name
in
Full

Harry Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Betterton</u> Town		<u>Kent</u> County		MARYLAND	
Date of death	<u>1905</u>	Month	<u>Dec</u>	Day	<u>12</u>
Age		<u>—</u>		Months	<u>—</u>
Sex	<u>male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>md</u>
Occupation			Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<u>Robert Wright</u>		
Mother's Maiden Name			<u>Maggie Chambers</u>		
Name of person giving information			<u>Robt Wright</u>		
Father's Birthplace			<u>md</u>		
Mother's Birthplace			<u>md</u>		
How related to deceased			<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
<u>yes</u>	Signature of Physician
	Address
Accident or Suicide?	

(11)

L. P. Atwell M.D.
Still Pond
md

Union Church